Egypt: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:
The most common forms of female genital mutilation (FGM) or female genital cutting (FGC) still widely practiced throughout Egypt are Type I (commonly referred to as clitoridectomy) and Type II (commonly referred to as excision). These practices are widespread but are even more prevalent in rural than urban areas. They are common among both Muslims and Coptic Christians. Type III (commonly referred to as infibulation, but in Egypt is referred to as "Sudanese circumcision") is found only among a few ethnic groups in the southern part of the country.

Incidence:
In 2000, the U.S. Agency for International Development (USAID) funded the fourth in a series of Demographic and Health Surveys (DHS) conducted in Egypt. This nationally representative survey of 15,648 ever-married women aged 15-49 found that the practice is nearly universal among women of reproductive age in Egypt. Preliminary analysis of the 2000 findings show that 97 percent of women surveyed have undergone one of these procedures, which represented no change from the 1995 DHS findings. The most severe form, Type III, is rare.

Data from the 2000 DHS shows some progress in terms of percentage of daughters (aged 11-19) of women surveyed who have undergone this procedure (78 percent in 2000 versus 83 percent in 1995) and in the intention of women surveyed to have their daughters undergo one of these procedures (31 percent in 2000 versus 38 percent in 1995).

The 1995 DHS survey (detailed data from the 2000 survey is not yet available) indicated that two-thirds of girls had the procedure when they were between the ages of seven and ten years. Fewer than five percent were under the age of five and fewer than three percent were over the age of 13.

Attitudes and Beliefs:
There is no doctrinal basis for this practice in either Islam or Christianity. Although high officials in both the Muslim and Christian religious establishments have voiced opposition to the practice, it is still supported by some local religious authorities. Moreover, many Egyptians believe that this is an important part of maintaining female chastity, which is part of religious tradition.

The historical roots of the practice date back thousands of years. According to the 1995 DHS findings, the most commonly given reason (58 percent) for supporting the practice was the belief that this was a "good tradition." Almost three-quarters of Egyptian women felt that husbands would prefer their wives to undergo the procedure. More than one-third cited cleanliness as a reason, while a smaller number saw it as a way to prevent promiscuity before marriage and unfaithfulness within the marriage.

The 2000 DHS also found that the majority of women think this practice should continue, though there was some decline in support for the practice (75 percent of women surveyed in 2000 versus 82 percent in 1995). There is spreading recognition of the many potential adverse health consequences of the practice, which has resulted in increasing resort to doctors rather than traditional birth attendants (TBAs) to perform the procedure.

One of the main factors behind the persistence of the practice is its social significance for females. In communities where it is practiced, a woman achieves recognition mainly through marriage and child bearing and many families refuse to accept as a marriage partner, a woman who has not undergone the procedure.

Type I, Type II and Type III:
These practices are widespread throughout Egypt. A recent clinical study indicated that 19 percent of the procedures involved only the excision (removal) of the prepuce (clitoral hood) with or without removal of a part or all of the clitoris (Type I). Sixty-four percent involved the excision (removal) of the prepuce (clitoral hood) and clitoris together with part or all of the labia minora (inner vaginal lips)(Type II). In eight percent of the cases, only the labia minora were removed.

Type III, the most harmful and dangerous form, is rarely practiced except among a few groups in the southern part of the country. Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and

stitching or narrowing of the vaginal opening. Only a very small opening is left, about the diameter of a matchstick, to allow for the flow of urine and menstrual blood. Only one percent of the women in the study reported that the vaginal area was sewn closed at the time they had the procedure and two percent of their daughters' procedure involved a closing of the vaginal area.

In the past, the majority of these procedures were performed by "dayas" (TBAs). However, according to the 1995 DHS survey, the use of medical practitioners (doctors or trained midwives) has tripled to 55 percent in recent years, with a concomitant drop in the use of "dayas."

The procedure is usually performed in the home, although before the 1996 ban (see legal status below) some procedures were done in private or government hospitals. It is likely that some physicians continue to carry out the procedure in their private clinics as well as in private homes. In a very few cases a male barber (three percent) or "gypsy" (seven percent) may also perform the procedure.

Among older women, the procedure generally was performed without any anesthetic. However, the same women reported that almost 75 percent of their daughters who had the procedure received either a general or local anesthetic. When the procedure is performed by a non-physician, the local anesthetic may or may not be applied effectively.

Legal Status:
The legislative background has changed over the years. In 1959, a ministerial decree forbade the practice and made it punishable by fine and imprisonment. A series of later ministerial decrees allowed certain forms but prohibited others. Doctors were also prohibited from performing the procedure in government health facilities. Non-medical practitioners were forbidden from practicing any form.

In 1994, due to public outcry over a CNN television broadcast of the procedure performed on a nine year old girl by a barber, the then-Minister of Health decreed that the procedure should be performed one day per week in government facilities but only by trained medical personnel, if they failed to persuade the parents against it. He rescinded his decision in 1995, however, after various protests and international outcry deploring the "medicalization" of the practice.

In December 1997, the Court of Cassation (Egypt's highest appeals court) upheld a government ban on the practice of FGM/FGC. Issued as a decree by the Health Minister in 1996, the ban prohibits all medical and non-medical practitioners from performing FGM/FGC in either public or private facilities, except for medical reasons certified by the head of a hospital's obstetric department. We are unaware of any instance where this practice was certified. Perpetrators are subject to the loss of their medical licenses and can be subjected to criminal punishments. In cases of death, perpetrators are also subject to charges of manslaughter under the Penal Code.

There have been press reports on the prosecution of at least 13 individuals under the Penal Code, including doctors, midwives and barbers, accused of performing FGM/FGC that resulted in hemorrhage, shock and death. We cannot confirm these reports.

Outreach:
A number of non-governmental organizations (NGOs) exist in Egypt to combat this practice. A Task Force was formed under the aegis of the National Commission for Population and Development (an NGO) following the 1994 International Conference on Population and Development (ICPD). It is taking a leading role in addressing this issue and reaching the community through various local NGOs. The Task Force meets on a quarterly basis in different parts of Egypt and invites representatives from different local and international organizations that work in this area. The group targets mothers, clinics, family planning centers, secondary school students and young men and women workers. Members of the Task Force continue to teach, raise awareness about the issue and compare notes on successful strategies.

Current efforts have focused on community-based approaches and the Positive Deviance Approach that uses individuals who have deviated from tradition and stopped, prevented or oppose the practice, to advocate for change.

Other NGO activities in 2000 included several seminars on this practice by the National Commission for Population and Development and a seminar by the Population Council for NGOs, donors and researchers with the purpose of sharing experiences in the fight against this practice.

On the governmental level, in 1999 the Ministry of Social Affairs signed a project agreement with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) to combat all practices harmful to women, including eradicating this practice by 2010.

In 1979, a seminar was held in Cairo called "Bodily Mutilation of Young Females". It brought together various representatives of the Arab League, UNICEF, WHO and ministries of the Egyptian government and passed resolutions opposing the practice. In 1982, a project was funded by the Population Crisis Committee and the Cairo Family Planning Association to carry out the 1979 resolutions. Educational materials were produced and training was carried out on the harmful effects of the practice for doctors, nurse, midwives and social workers.

The National Committee affiliated with the Inter-African Committee on Traditional Practices Affecting the Health of Women and

Children (IAC) has been active since 1985. The Cairo Family Planning Association now works as the home of the Egyptian National Committee of the IAC. It has worked intensively to stop these practices. Activities focus on information and communication seminars and workshops that are designed to reach policy makers, community leaders, future mothers, nursing mothers, various male groups, health workers and TBAs.

The government and NGOs have used the mass media to disseminate information on the health risks of this practice. Government newspapers and magazines publish stories presenting the views of prominent figures in medicine and academia that oppose this practice. The government broadcasts television programs condemning this practice. Senior government officials, including the Minister of Health and Population, have appeared on television to discuss the issue as both a health issue and a religious issue.

The senior Islamic authority in Egypt, the Sheikh of Al-Azhar and the Mufti, have stated publicly on a number of occasions that this practice is not required by Islam. They have also declared the practice to be a question of health; if a doctor recommends against it, the procedure should not be performed. The leader of the Egyptian Coptic community, Pope Shenouda, has also stated publicly that this practice is not required for religious reasons. The discussion of this practice and its harmful health effects has been added to the curriculum in the school system.

In cooperation with the Egyptian government, USAID Cairo is currently carrying out the following efforts to eradicate this practice.

--The Population IV Project supports training on the hazards of this practice as part of reproductive health training programs for Ministry of Health and Population workers who provide family planning services through a network of 3,800 clinics in all 27 provinces.

--The "Healthy Mother/Healthy Child" project, which focuses on in-service training for physicians, nurses and social workers, includes anti-FGM/FGC activities. Recent activities included preparation of a short documentary video featuring testimonials against this practice by five women for use in group discussions, as well as an accompanying guide for facilitators. The Child Survival Project that preceded the "Healthy Mother/Healthy Child" project incorporated information on the hazards of the practice into training courses for TBAs who frequently perform the procedure. Between 1985 and 1996 approximately 14,000 traditional TBAs, located throughout Egypt, received this training.

--A USAID grant to the Research, Action and Information Network for Bodily Integrity of Women (RAINBO) supported work with Egypt's FGM/FGC Task Force to develop training materials, including a manual with a major section on common beliefs and misconceptions about the practice, for community workers with a low level of literacy.

--USAID has provided funding to a UNICEF safe motherhood program with a major component on this practice; a Center for Development and Population Activities (CEDPA) project aimed at eradication of this practice in Fayyoum province and a project with CEDPA and the Coptic Evangelical Organization for Social Services to produce and air video programs on the harmful effects of this practice and the importance of eradicating the practice.

The U.S. Embassy's Participating Agency Support Agreement program funded several workshops and publications for public awareness on this practice by the ISIS Center in Aswan in 1999-2000, as well as a series of health awareness workshops (including anti-FGM/FGC materials) for adolescent girls by the Egyptian Women's Medical Association in 2000.

Egyptian activists working on the subject are beginning to shift efforts from an approach based on health concerns (that appears to have caused parents to resort increasingly to doctors rather than TBAs to perform the procedure), to one based on bodily integrity and women's status. Activists also are focusing on transforming the attitudes of entire communities rather than just of individuals, due to families' continuing concern about marriageability for their daughters.

The Coptic Evangelical Association for Social Services is one NGO that has had success with focusing on eradicating this practice one village at a time.

Protection:
The government remains committed to eradicating this practice and is supportive of the many efforts of Egyptian and international NGOs in this regard. The issue of protection does not arise often as girls are subjected to this practice at a young age (generally age seven to twelve).

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